

Maryland Business Ready Sites Program
Application for Site Characterization Grant

Applicant Information

Name of Applicant Organization: _____

Applicant Address: _____

City: _____ County: _____

Name and Title of Contact Person: _____

Office Phone: _____ Email Address: _____

Name of Chief Executive of Organization: _____

Office Phone: _____ Email Address: _____

Site Information

Name of Site: _____

Site Address or Parcel ID: _____

City: _____ County: _____

Acreage: _____ Usable Acreage: _____ Zoning: _____

Owner's Name: _____

Owner's Tax Status: _____ Length of Ownership: _____

Note: Documentation of ownership will be required for approval of any Site Characterization Grant application, but is not required at time of submission.

Please describe known history of the site, including previous uses, current zoning, any past or ongoing redevelopment efforts, and current marketing or positioning of the site.

Alignment with the county and/or municipality's economic development goals, recent comprehensive plan(s), and existing local or regional economic assets:

Connection with Maryland's growth industries and emerging sectors, as listed in the MBRSP Program Guidelines, or a jurisdiction-specific industry of focus:

The Site Characterization Grant is a \$10,000 grant to partially offset the cost of retaining a site development professional to evaluate the site's current development status and potential for future use. Required specifications and guidelines for this analysis will be provided by MEDCO to the contractor. A 1-to-1 cash match is required, from any source.

Grant Amount Requested: _____ Source of Local Match: _____

OPTIONAL: Identify preferred local contractor(s) who may be able to perform this work.

Name: _____ ☐ SBE ☐ MBE ☐ WBE ☐ VSBE

Name: _____ ☐ SBE ☐ MBE ☐ WBE ☐ VSBE

I hereby certify that the above responses are true and accurate to the best of our organization's knowledge, and we agree to abide by all program requirements for the Maryland Business Ready Sites Program.

Signature of Chief Executive or Designee: _____

Printed Name: _____ Date: _____